



State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency
www.michigan.gov/uia



INQUIRY

This form is used to request general claims information (e.g., question regarding your entitlement, 10 or more days have passed and your benefit payment has not been received, etc.). **Do not use this form to protest a (re)determination.** Use *Protest of a (Re)Determination* (Form UIA 1733-M) for this purpose, and read "Your Protest and Appeal Rights" found in the claims information booklet you received.

ONLY USE THIS FORM IF YOU HAVE FAILED TO GET YOUR REQUESTED INFORMATION THROUGH THE MARVIN SYSTEM, OR BY CALLING UIA CLAIMANT CUSTOMER RELATIONS HOTLINE. IF YOU ARE INQUIRING ABOUT A PAYMENT DELAY, USE THIS FORM ONLY IF YOU HAVE NOT RECEIVED A SCHEDULED PAYMENT AFTER 10 OR MORE DAYS.

BE SURE TO SIGN THIS FORM.

(PLEASE PRINT)

Social Security Number: — —

Check this box if this is a new address

☐

Telephone Number: (— —) — — — — — — — — —

Name: _____

Address: _____

City & State: _____ Zip Code _____

COMPLETE THE ITEM THAT CORRESPONDS TO YOUR INQUIRY

1. I filed a new claim on _____ and have not received a determination.
2. I filed a reopened claim on _____ and have not received a determination.
3. I filed for extended benefits on _____ and have not received a determination.
4. I called MARVIN or sent form(s) for payment for week(s) ending _____ and through _____ and have not received my payment(s).
5. I requested a redetermination on _____ concerning the determination dated _____ and have not received the redetermination
6. I filed an appeal to the Administrative Law Judge (by mail / faxed / other) on _____ concerning the redetermination dated _____. I have not been scheduled for a hearing OR have not received a decision from my Administrative Law Judge hearing .
7. I submitted a lost/stolen affidavit , forgery affidavit on _____ for week(s) ending _____ and through _____ and have not received my payment(s) or information.
8. I request the following information: _____

Your Signature: _____ Date: _____

(Over)

Mail or fax this form to the address below. This form will be returned to you with our answer. The answer will be written below. If you have any questions contact Claimant Customer Relations Hotline 1-800-638-3995.

ANSWER

Appropriate question number is circled.

1. / 2. / 3.

Your determination has ☐ has not ☐ been issued because _____

4. Payment for the week(s) indicated has not been issued because _____

5. Your redetermination has ☐ has not ☐ been issued because _____

6. Your hearing has ☐ has not ☐ been scheduled because _____

You have not received a decision on your appeal because _____

7. You have received no response to your affidavit because _____

8. The following is in response to your request: _____

OTHER INFORMATION OR INSTRUCTIONS:

See Attachment(s).

Staff Person's Initials: _____ **Date:** _____

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P.O. BOX 5050
Saginaw, MI 48605-5050
Fax: (989) 758-1986**